



OFFICE OF RISK & DISABILITY MANAGEMENT  
5735 47<sup>th</sup> Avenue - Sacramento, CA 95824  
Phone: (916) 643-9421  
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Keyshun Marshall, Coordinator II

This form is required and must be completed and returned to Risk Management. The information below will be submitted to the Department of Motor Vehicle (DMV) in accordance with Title 8, California Code of Regulations.

**RELEASE OF DRIVER RECORD INFORMATION**

I \_\_\_\_\_ authorize Sacramento City Unified School District to review driving, motor vehicle related information periodically for the duration of my employment.

I understand that my driving privileges are contingent upon the Sacramento City Unified School District's review of such information.

I understand my signature is confirmation that I have read and understand the above information.

Organization: Sacramento City Unified School District

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name (as it appears on driver license): \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State \_\_\_\_\_ Circle Gender: M or F

Birth Date (Month/Day/Year): \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Department/Site: \_\_\_\_\_ Title: \_\_\_\_\_

Volunteer:  Substitute/PerDeim:

*Please submit a clear copy of driver license with this form. Be aware of timelines and plan for the necessary preparation time prior to submitting this form.*

*\*This form must be submitted (6) weeks in advance for all trips requiring drivers. The sole purpose of the information is to verify driver license validity. All other information is not relevant to driving privileges. This form is confidential and may be privileged. The information is intended solely for Sacramento City Unified School District Risk & Disability Management use or entity outlined for audit purposes and review or disclosure by anyone else is unauthorized. If you have received this form in error, please forward immediately to the Office of Risk & Disability Management and destroy all copies without reading or disclosing the contents.*

**Office of Risk Management Use Only**  
Processing Date: \_\_\_\_\_  
Clearance Date: \_\_\_\_\_  
Additional Notes/Comments: \_\_\_\_\_



**VOLUNTEER PERSONAL AUTOMOBILE USE FORM**

**[One Form Required for Each Driver - Approval Required]**

Thank you for volunteering your time and your automobile to help transport our students to off-site events or activities. In order to protect the health and safety of our students, our District requires that anyone (employee or volunteer) using their personal automobile to transport students to and from sanctioned activities must receive prior approval. Before we can issue such approval, certain information must be obtained at least 6 weeks before you transport our students. You must also agree to abide by certain rules regarding the operation of the vehicle as set forth below.

**REQUIRED INFORMATION**

Name of Driver:	
Calif. Driver's License No. & Exp. Date:	
Vehicle(s) Year/Make/Model:	
Vehicle(s) License Plate No.:	
Insurance Carrier:	
Insurance Policy # and Expiration Date:	
Liability Coverage Limits:	(Minimum Required: \$100,000/300,000 liability and \$50,000 property damage)

We also require a photocopy of (a) your driver's license, and (b) your Insurance Policy Declarations Page. Should your driver's license or insurance policy expire during the school year, updated photocopies showing their renewal are required before you will again be eligible to transport students. By signing below, you are also authorizing the District to (a) obtain a copy of your driver record history and status of your driver's license, (b) conduct a criminal background check, and (c) contact your insurance company to confirm your insurance status. Also, **please be advised** that pursuant to Insurance Code Section 11580.9(d), in the case of an accident, **your insurance will provide the primary coverage for any accident resulting in bodily injury or property damage.** The District's automobile liability coverage will apply, if at all, only after your insurance coverage is exhausted through the payment of covered claims. The District does not cover, nor is the District responsible for, comprehensive, uninsured motorists, or collision coverage for your vehicle.

**VEHICLE SAFETY AND TRANSPORTATION PROCEDURES AND REQUIREMENTS**

For the safety of our Students, by signing below, you are also agreeing to the following rules and requirements:

- I will not operate an automobile while impaired, whether due to alcohol, drugs (prescription or nonprescription), lack of sleep, or distraction of any kind. I will at all times comply with California law regarding proper operation of the vehicle, including compliance with all speed limits and posted signs and placards.
- I will not transport students in a vehicle I have reason to believe may be mechanically unsafe or that may become unsafe due to weather or other natural conditions. I will not transport students unless I have a working seatbelt for each student. Seatbelts are to be used at all times by myself and all transported students. The vehicle(s) may be inspected by a District representatives.
- I am over the age of 21 and will be the sole driver of the vehicle for any given activity, event or competition. I will not let anyone other than myself and authorized students ride in the vehicle. However, I may seek written permission from the District to allow another child of mine to ride in the vehicle to a specific activity, event, or competition **if** the destination involves an activity, event or competition generally available to the public or, at my expense and with District permission, I can purchase admittance for such other child.

<hr/> <b>Printed Name</b>	<hr/> <b>Signature</b>	<hr/> <b>Date</b>
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<b>Date Received by District:</b>	<b>Received by:</b>
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